CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5110

FORM C/OF COVER SHEET PG 1

TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE 9 January 15		
OFFICE HOLDER NAME County Commissioner Margaret LAST GOMEZ Conness Conness Conness Conness Conness Conness Conness Conness Conn Conn Conn Conn Conn Conn Conn Co		on doing explains now to complete 1 (Ethice Commission flow)
ACCAMANAGE ACCANDIDATE/ OFFICEHOLDER ADDRESS Change of	OFFICEHOLDER	OFFICE USE ONLY
OFFICE HELD (I remy) CAMPAIGN TREASURER NAME TILLE FIRST Texana F. NCKMANE LAST Conn SIRETADORESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE: 20° CODE Amount TREASURER NAME STRETADORESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE: 20° CODE Amount TREASURER NAME STRETADORESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE: 20° CODE AUSTIN TX 78704 STRETADORESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE: 20° CODE AUSTIN TX 78704 TO CAMPAIGN TREASURER PHONE January 15 John day before election PERCOD COVERED Description Type Month Day Veal THROUGH THROU		NICKNAME LAST SUFFIX Date Received
CAMPAIGN TREASURER NAME Texana Texanu Texan	OFFICEHOLDER	ADDRESS PPO BOX: APT / SUITE #: CITY; STATE: ZIP CODE
TREASURER NAME Texana Texania Texana Texania Texania Texania Texania Texania Texania Texania Texana Texania Texani	Change of Address	ime: -E
Conn	TREASURER	Texana F.
TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER PHONE 9 January 15	ı	Onto Processed
TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER PHONE 9 January 15	6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
TREASURER PHONE Second Seco	TREASURER ADDRESS	
January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)	TREASURER	AREA CODE PHONE NUMBER EXTENSION
PERIOD COVERED Month Day Year THROUGH Day Year Day Day	8 REPORT TYPE	appointment (officeholder only)
OPELECTION County Commissioner, Precinct 4 County Commissiner, Precinct 4		Exceeded \$500 limit Final report (Allach C/OH - FR)
Month Day Year 03 12 02		THOUGH
OFFICE OFFICE DOFFICE HELD (if any) County Commissioner, Precinct 4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS None to my knowledge. Address / PO Box; Apl. / Suite #; City; State; Zip Code Runoff General Special Spec	0 ELECTION	CCCONDITITE
County Commissioner, Precinct 4 County Commissiner, Precinct 4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Name None to my knowledge. Address / PO Box; Apl. / Suite #; City; State; Zip Code		
NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Name None to my knowledge. Address / PO Box; Apt. / Suite #; City; State; Zip Code	1 OFFICE	E STOLESSON (INICIAN)
BY OTHER INDIVIDUALS None to my knowledge. Address / PO Box; Apt. / Suite #; City; State; Zip Code	3 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.
□ additional pages	BY OTHER INDIVIDUALS	None to my knowledge.
	additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code

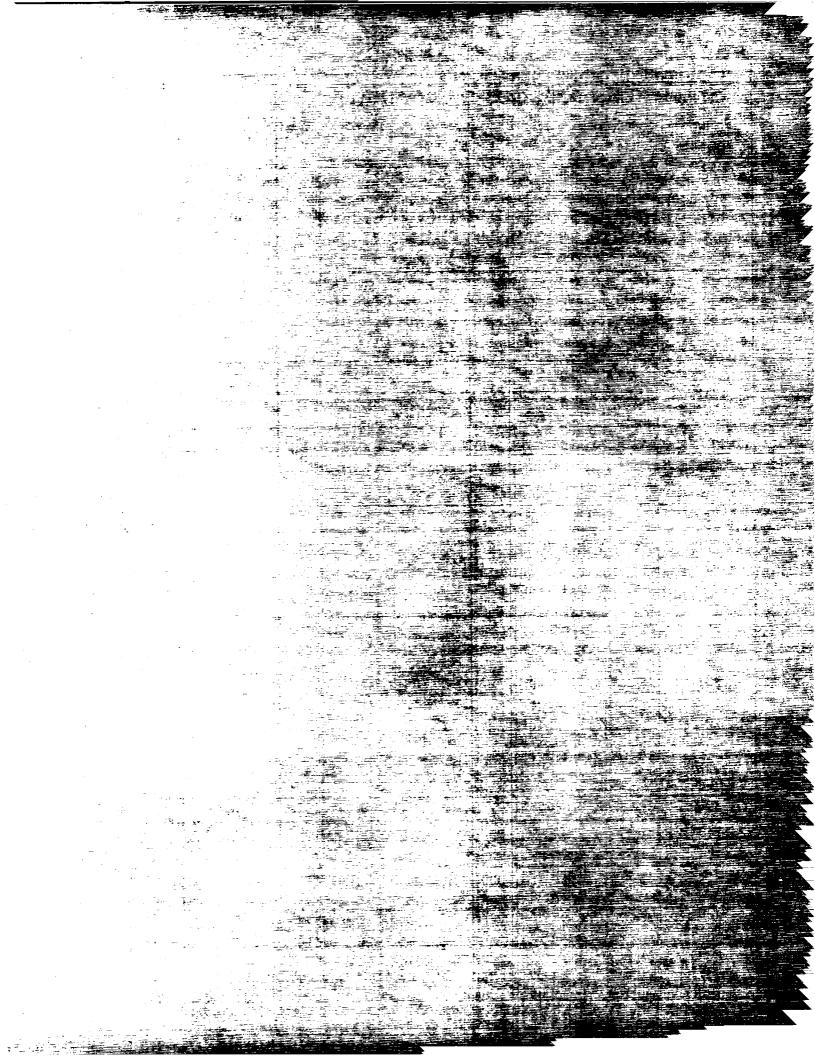
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

· - ·			
14 C/OH NAME			15 ACCOUNT #(Etrucs Commission filers)
Citizen; fo	or Gomez		
16 NOTICE FROM FOLITICAL	•• This box is for no	tice of political expenditures by political committees to support the candid a without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report
COMMITTEE(S)		COMMITTEE NAME	
	COMMITTEE TYPE	Citizens for Gomez	
	GENERAL	COMMITTEE ADDRESS	
	X SPECIFIC	P. O. Box 3232; Austin, TX 78764	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		Texana Faulk Conn	
·		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		2007 Paramount; Austin, TX 78704	
7 NO REPORTABLE ACTIVITY	Check here if r	reportable activity occurred during this reporting period. (Sign affiliavit bet	low and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ -0-
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,140.00
EXPENDITURE TOTALS	3. TOTAL I	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12,003.34
OUTSTANDING LOAN TOTALS	5. TOTAL I	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ ₋₀ -
19 AFFIDAVIT			
		I swear, or affirm, under penalty of p is true and correct and includes all ir me under—itle 15, Election C⇔le.	erjury, that the accompanying report information required to be reported by
	.IOSIE Z. ZA Notary Public, Stat- My Commission DECEMBER 1	VALA p of Texas Expires	date or Officeholder
AFFIX NOTARY STAME			,
Sworn to and subscrib	ped before me, by	the said Margaret J. Gomez Fify which, witness my hand and seal of office.	_, this the4 day
of March 2	0 <u>02</u> , to cer		
Signature of officer ad	// ///	Fainted name of officer administering oath Titl	e of officer administering oath

Texas Ethics C	Commission P.O. Box 12070 Austi	in, Texas 78711-207	70 (512) 4	63-5800 1-800-325-850
	TICAL CONTRIBUTIONS R THAN PLEDGES OR LO	ANS		SCHEDULE A
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages this 3	Schedule A:
2 FILER NA	ME		3 ACCOUNT# (Ett	hics Commission filers)
Citizens f	or Gomez			
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-1-02	Ponciano Morales III 6 Contributor address; City; State; Zip Co	ode	\$ 200.00	description (ii applicable)
	8000 Isaac Pryor Austin, TX 78749			<u>.</u>
9 Principal occ businessma	•	10 Employer (optio	nal)	
Date	full name of contributor	Out of state PAC	Amount of	In-kind contribution
2-9-02	Michael Bobinchuck Contributor address; City; State; Zip Co	ode	250.00 (\$)	description (if applicable)
	5313 Painted Shield Drive Austin, TX 78735-6008			
Principal occi businessma	•	Employer (option	nai)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
2-11-02	Lecla R. Roselle Contributor address; City; State; Zip Co		contribution (\$)	description (if applicable)
	2500 Rock Terrace			
Principal occi citizen	LAustin, TX 78704-3840	Employer (option	nai)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-12-02	Roger Anis El-Khoury Contributor address; City: State: Zip Co 1036 Forest Bluff Trail Round Rock, TX 78664	de	40.00	
Principal occi	upation	Employer (option	nal)	
county emp	loyee			
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-13-02	Gary Hartman Contributor address; City; State; Zip Contributor		100.00	
	501 East 11, Ste. 300 Austin, TX 78701			
Principal occu businessmai	·	Employer (option	nal)	<u> </u>
If con	ATTACH ADDITIONAL COP			: ng requirements.



	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages this 2 of 4	Schedule A:
2 FILER NAM	E		3 ACCOUNT # (Et	nics Commission filers)
Citizens fo	or Gomez		Ì	
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution
2-7-02	David Quintanilla 6 Contributor address: City; State: Zip Code	••••••••••••••••••••••••••••••••••••••	\$ 250.00	description (if applicable)
	5000 Mission Oaks Blvd, Unit 7 Austin, TX 78735			
9 Principal occu		10 Employer (option	al)	•
businessmar	1	<u> </u>		
Date 2-14-02	Full name of contributor Minter, Joseph & Thornhill, PC Contributor address: City: State; Zip Code	Coult of state PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	811 Barton Springs, Suite 800 Austin, TX 78704			
Principal occupation	pation	Employer (options	ai)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
2-14-02	Turner, Collie & Braden PAC Contributor address: City: State: Zip Code		contribution (\$)	description (if applicable)
	P. O. Box 130089 Houston, TX 77219		, , 	
Principal occup attorneys	pation	Employer (options	al)	
Date	Full name of contributor		Amount of	In-kind contribution
2-14-02	Christopher S. Shields, P. C. Contributor address: City: State: Zip Code 1005 Congress Avenue, Ste. 480 Austin, TX 78701	out of state PAC	contribution (\$)	description (if applicable)
Principal occup	pation	Employer (options	ai)	
attorneys		1		
Date 2 - 16 - 02	Full name of contributor Maria Esperanza Orozco Contributor address; City; State; Zip Code 236 Morrell Street Kyle, TX 78640	Cut of state PAC	Amount of contribution (\$) 80.00	In-kind contribution description (if applicable)
Principal occup county empl		Employer (options	ni)	
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			: g requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this 3 of 4	Schedule A:
2 FILER NAM			3 ACCOUNT # (EU	nics Commission filers)
Citizens f				I = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-19-02	Vinson & Elkins Texas PAC 6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$ 750.00	
	2300 First City Tower Houston, TX 77002-6760			<u>.</u>
9 Principal occur attorneys	pation	10 Employer (option	al)	
Date	Full name of contributor	ut of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-20-02	Paul S. Ruiz Contributor address; City; State; Zip Code		250.00	
	309 Cumberland Road Austin, TX 78704			
Principal occup attorney	pation	Employer (options	al)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-21-02	Kevin W. Boyd		50.00	accomplian (in applicable)
`	Contributor address; City; State; Zip Code			·
	507 West 10 Austin, TX 78701			
Principal occup attorney	pation	Employer (options	31)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
<u>.</u> , <u>.</u>	Contributor address; City: State: Zip Code		!	•
				•
Principal occup	pation	Employer (options	ai)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (If applicable)
	Contributor address: City: State; Zip Code		 	
Principal occup	ation	Employer (options	ni)	
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			: ng requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A1

	ER THAN PLEDGES OR LOAD	ч э	V	SC-SPAC, SPAC, & SPAC-SS)
The Instruc	істіом Guide explains how to complete this form.		1 Total pages this 4 of 4	Schedule A1:
2 FILER NA			3 ACCOUNT # (E	Shics Commission filers)
Citizens i	for Gomez		1	,
4 Date 2-23-02	5 Full name of contributor Out-of-state PAC (ID#	#:)	7 Amount of contribution (\$) \$ 20.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		20.00	† 1
	Route 13, Box 753-D Edinburg, TX 78539	—		
9 Principal oct businessma	ccupation (Optional)	10 Employer (Option	nal)	
Date)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-23-02	Irma Maria Garza Contributor address; City; State; Zip Code		50.00	
	502 Canyon Wren Drive Buda, TX 78610 Cupation (Optional)			
Principal occ businesswo		Employer (Optiona	al)	
Date 2-25-02	Full name of contributor out-of-state PAC (ID#:_ Ewbank & Byrom, PC)	Amount of	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	221 West 6, Suite 900 Austin, TX 78701		, 	
Principal occu attorneys	upation (Optional)	Employe (Optional	nl)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-27-02	David D. Dobbs Contributor address; City; State; Zip Code	,	150.00	
	9702 Swansons Ranch Road Austin, TX 78748		 	
Principal occu citizen	upation (Optional)	Employer (Optional))	·····
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-27-02	Thomas Esparza Contributor address; City; State; Zip Code		500.00	аөзсприон (п аррисаоте)
	1811 South First Austin, TX 78704=4251			!
Principal occur attorney	pation (Optional)	Employer (Optional)	,	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Co	ommission P.O. Box 12070 Austi	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
PLEDG	ED CONTRIBUTIONS		(FOR FORMS C/OH,	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)
The Instruct	אסן Guide explains how to complete this form.		1 Total pages this S 1 of 1	chedule B1:
2 FILER NAN	AE		3 ACCOUNT # (Ethi	cs Commission filers)
Citizens f	for Gomez		<u> </u>	
	TAL OF UNITEMIZED PLEDGES:	t) t) t)	ည ဆ 	\$ -0-
5 Date	6 Full name of pledgorout-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Cod	. , , , , . , ,		
	None.		j.	
10 Principal occu		11 Employer (opiona	ai)	
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
Prin sipal occu	upation (or tional)	Employer (options	1)	
Dale	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
-				
Principal occu	upation (optional)	Employer (optional	I)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
·	Pludgor address; City; State; Zip Code	9	1	•
			! 	
Principal ccu	pation (optional)	Employer (optiona	1)	
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind de: cription (if applic able)
	Pledgor address; City; State; Zip Code	9		!
			.	
Principal occu	patic a (optional)	Employer (optiona	1)	
if cont	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	S NEEDED Iditional reportir	ng requirements.

LOANS				SCHEDULE E
The Instruction G	uide explains how to complete this form.		1 Total pages Sci	hedule E:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission filers)
Citiens for G	omeg			- ₁ -
TOTA	AL OF UNITEMIZED LOANS:	D D D	\$	\$ -0-
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City, State;	Zip Code		10 Interest rate
Y N	None.			11 Maturity date
12 Description of Collat	eral			<u></u>
none				
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	Oul-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interestrate
Y N			·	Maturity date
Description of Collater	al		————— <u> </u>	
none				
GUARANTOR INFORMATION	Name of guarantor	.*		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation	1	Employer		
lf lender is	ATTACH ADDITIONAL CO out-of-state PAC, please ∷ee inst	OPIES OF THIS FORM AS I		equirements.

(512) 463-5800 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 SCHEDULE F **POLITICAL EXPENDITURES** 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 1 of 3 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Citizens for Gomez Amount 5 Payee name Date (\$) 20.40 2-4-02 Citizens for Gomez City; State; Zip Code 6 Payee address; P. O Box 3232 Austin, TX 78764 · Complete if direct expenditure to benefit C/OH · Purpose of payment (See instructions regarding type of information Office held Office sought Candidate / Officeholder name required.) purchae of postage stamps Margaret J. Gomez, Co. Comm., Pct. 4 Amount Date Payee name (\$) 1,000.00 David Butts 2-11-02 City; State; Zip Code Payee address; 1914 Patton Lane Austin, TX 78723 Complete if direct expenditure to benefit C/OH Purpose of payment (See instructions regarding type of information Office held Office sought Candidate / Officeholder name required.) Margaret J. Gomez, Co. Comm., Pct. 4 consultant fee Payee name Date 40.49(\$) 2-12-02 Miller Blueprint City; State; Zip Code Payee address; 501 West 6 Austin, TX 78701 · Complete if direct expenditure to benefit C/OH ·· Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name Office sought . required.) Margaret J. Gomez, Co. Comm., Pct. 4 mounting of Precinct 4 map Amount Pavee name Date 300.00 2-13-02 Cine De Las Americas City; State; Zip Code 2215 Post Road, Suite 2056 Austin, TX 78704 · Complete if direct expenditure to benefit C/OH ·· Purpose of payment (See instructions regarding type of information Office held Candidate / Office holder name Margaret J. Gomez, Co. Comm., required.) Program Ad Pct.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

2 FILER NAME

Date

2-15-02

Citizens for Gomez

5 Payee name

RBH Direct

6 Payee address; City; State; Zip Code

1602 Glencrest Drive

Austin, TX 78723

8 Purpose of expenditure

2500 flyers and picture

Payee name 2-19-02 Exxon City: State; Zip Code Payee address: P. O. Box 4555 Carolstream, IL 60197-4555

Purpose of expenditure Gas for campaign purposes

> Payee name U. S. Postmaster City; State; Zip Code Payee address; 1800 South 5

Purpose of expenditure

Austin, TX 78704

Roll of stamps

Date

2-21-02

Payee name 2-21-02 RBH Direct Payee addre is: City; State; Zip Code 1602 Glencrest Drive Austin, TX 78723

Purpose of expenditure

Mailer to voters

· Complete if direct expenditure to benefit C/OH ·· · Office sought / held Candidate / Officeholder name

Margaret J. Gomez, Co. Comm., Pct. 4

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POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	пон Guide explains how to complete this for п.	1 Total pages 3 of 3	
FILER NA	ME	3 ACCOUNT	(Ethics Commission filers)
Citizens f	for Gomez		
Date 28-02	5 Payee name RBH Direct		7 Amount \$4,845.0 ∜
	6 Payee address: City; State; Zip	Code	
	1602 Glencrest Drive Austin, TX 78723		-
Purpose of e	expenditure	9 Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH ** Office sought / held
lailer to	voters	Margaret J. Gomez, Co. Co	· ·
Date	Payee name		Amount (\$)
	Payee address; City; State; Zi	Code	
Purpose of e	expenditure .	Complete if direct expenditure to beneficancidate / Officeholder name	t C/OH Office sought / held
Date	Payee name		Amount (\$)
,	Payee address; City, Slate; Zi	Code	
Purpose of e	expenditure	Complete if direct expenditure to benef Candidate / Officeholder name	it C/OH ·· Office sought / held
Date	Payee name		Amount (\$)
	Payee address; City; State: Zi	Code	
		•	
	1	· · · · · · · · · · · · · · · · · · ·	
Purpose of e	expenditure	Complete if direct expenditure to beneficandidate / Officeholder name	it C/OH •• Office sought / held

1 . .

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

The Instru	CTION GUIDE explains how to complete this form.	1 Total pages Schedule G:
FILER NA	AME	1 of 1
		3 ACCO INT # (Ethics Commission filers)
Date	for Gomez 5 Payee name	
	3 r dycorimina	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	None.	
	7 Purpose of expenditure (See Instructions regarding type of inform	intion required.) Reimbursement
		from political contributions
Date		intended
Date	Payee name	Amount (\$)
	Payon address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of informations)	alion required.) Reimbursement from political
· · · · · · · · · · · · · · · · · · ·	·	contributions intended
Date	Payee name	Amount
		(\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See Instructions regarding type of informa	tion required)
	. Suppose of experience (obe manachors regarding type of informa	tion required.) Reimbursement from political contributions
		intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of informa	tion required.) Reimbursement
		contributions intended
Date	Payee name	
50.0	- Sycaniania	Amount (\$)
	Payee address: City; State; Zip Code	
		: .
	Purpose of expenditure (5 ee instructions regarding type of informati	on required.) Reimbursement from political
		contributions intended
	<u> </u>	witerioett

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